



December 7, 2018

Marlene H. Dortch, Secretary  
Office of the Secretary  
Federal Communications Commission  
445 12th Street SW  
Washington, DC 20554

Re: WC Docket No. 18-336 and CC Docket No. 92-105 regarding the National Suicide Hotline Improvement Act of 2018

Dear Madam,

2-1-1 Orange County (211OC) appreciates the opportunity to comment on the current effort undertaken by the Federal Communications Commission to study the feasibility of designating a three-digit number to the National Suicide Hotline and to assess the effectiveness of the current National Suicide Prevention Lifeline. We encourage the FCC to consider the existing 211's as a vital partner in increasing access to suicide prevention and intervention services. As a 211 network we fight for the health, education, and financial stability of every person in Orange County and are a part of a network of 211's across the nation with the same mission. As part of that mission, we whole-heartedly support and believe in leveraging the existing 2-1-1 service that provides access and connection to vital social and human services and resources every day – many including suicide prevention and mental health resources.

We applaud the efforts to improve access to services for people in a mental health crisis and, as an operating 211 in Orange County, we are committed to being an integral part of the solution. The National Suicide Prevention Lifeline, along with a broad network of mental health providers including State and local health departments, offer critical services and programs to some of our most vulnerable citizens. **Last fiscal year 211OC helped facilitate the connection to over 18,000 mental health service needs to people in Orange County.** We have supported the mental health providers since inception of our organization by partnering and offering warm transfers to better connect people experiencing a crisis daily to needed services. As an operating 211 in OC:

- We believe a helpline and awareness of those helplines will help eliminate stigma around mental health.
- We acknowledge efforts are needed to create a safe place for all people to call – especially underserved or marginalized populations such as seniors, people with physical or intellectual disabilities, people that identify as LGBTQ+, Veterans, American Natives, non-English speakers, and individuals facing complex problems such as substance/opioid use, human trafficking, and domestic violence, etc.
- The increased volume of more than 1.7 million annual calls to the existing National Suicide Prevention Lifeline coupled with an increasing demand warrants examination and improvement in the system.



- We recognize that suicide prevention is a collaborative effort. Approximately 40% of calls to the National Suicide Prevention Lifeline include requests for other social services including substance use, housing, transportation, insurance availability, and prescription assistance. These important wrap-around services and supports are currently services that 211s like ours address every day. In 2017, 211OC made over 130,000 connections to help, including over 80,000 connections to housing or utilities assistance, over 18,000 connections to mental health services, and over 19,000 connections to food assistance. While 211OC warm transfers to the suicide hotlines, they also transfer to 211 for other social service needs.

We encourage the FCC to consider the current 211 network as a vital partner in increasing access to suicide prevention and intervention services. We believe that an investment in a three-digit system that is already working, and already answering calls from individuals in crisis, is the most cost-effective, efficient, and ultimately effective strategy to change the upward trend of suicide in the United States through a hotline. As you know, the FCC designated 211 as the three-digit dialing code for accessing human and social services in 2000, specifically mentioning the role 211 serves in addressing the critical needs people in crisis face:

“We find that the Information and Referral Petitioners have demonstrated sufficient public benefits to justify use of a scarce public resource, and we therefore assign 211 to be used for access to community information and referral services. Individuals facing serious threats to life, health, and mental wellbeing have urgent and critical human needs that are not addressed by dialing 911 for emergency assistance or 311 for non-emergency police assistance.”

(FCC 00-256 THIRD REPORT AND ORDER AND ORDER ON RECONSIDERATION, Adopted: July 21, 2000  
Released: July 31, 2000)

211OC covers 100% of the County of Orange with other 211 services available to 94.2% of the U.S. population, provided by over 200 agencies, 211OC helps make over 130,000 connections via telephone, 2-way text, email and in person at a family resource center. **Last year, 211OC facilitated over 500 warm transfers to suicide hotlines and warmlines.** Because our specialists can help individuals address complex issues, we often assist people who are struggling with suicidal ideation in conjunction with basic needs, like financial assistance, homelessness, or domestic violence.

There are many considerations that should be examined when assessing the true feasibility and potential outcomes of designating a new three-digit number to the National Suicide Prevention Lifeline. In particular, we encourage the Federal Communications Commission, the Substance Abuse and Mental Health Services Administration, and the Department of Veterans Affairs to consider:

- **Connectivity:** Ensuring that individuals can dial and reach the correct service provider via a three-digit number requires working with each carrier and router to provide regularly updated routing tables and ensuring that all responsible parties take necessary action to route calls correctly. The 211 network often hears from customers who are unable to reach 211 via the three-digit code, particularly if they are using a prepaid device like those sold in



drugstores, despite the service being designated over 20 years ago by the FCC. When unable to reach the service, individuals become frustrated and often simply give up. Investing an adequate amount of time and resources in ensuring that individuals can reach 211, 311, 911, etc. is critical to increasing access to all vital services.

- **N11 Ecosystem Infrastructure:** Another three-digit code erodes the simplicity of a single point of access for community help. As we know from the many calls 911 receives that are not truly emergency calls, and the many calls 311 receives that are not truly public safety or city service calls, people continue to be confused by which service to call for which need. Despite concerted efforts by all three networks to educate and market the distinctions, a person in crisis will likely always reach for the most familiar or most accessible number. All 211 specialists are trained to assess and triage a caller in a mental health or suicide crisis and address appropriately, whether by deescalating and counseling themselves (if trained to do so), or by keeping the caller calm while transferring them to a crisis service. However, the current infrastructure of the N11 system prevents a 211 specialist from easily transferring a call to the caller's local 911, and vice versa. This is dangerous and problematic for not only callers experiencing suicidal ideation, but those trying to reach help for domestic violence, human trafficking, or an overdose. To truly improve access to all critical services for all people in need, investment and resources are necessary to make call transfers between N11 providers streamlined and reliable.
- **Training:** Because people occasionally call the wrong number or hotline for their need, any agent who answers a crisis call must be able to safely assess, deescalate, and manage the call. Both the National Suicide Prevention Lifeline and 211 networks currently provide many or all of the critical services for an effective system – and many are providing them in a co-located or “blended” environment with formal inter-agency transfer protocols, cross training, and shared outreach. All of 211OC's agents are trained to triage, deescalate and ensure proper routing of crisis calls. All agents who work for N11 centers and other hotlines could be significantly more effective at assisting callers quickly if no-cost opportunities were available to provide universal training and certification to ensure a truly “no wrong door” approach to crisis intervention.
- **Multiple Methods of Communication:** Today, 211 and 311 services are increasingly available through text messaging and web chat, but not ubiquitously. One of the largest barriers to text message availability is that only 5- or 6-digit numbers can be texted, aside from 911 thanks to recent multi-sector efforts. To better meet people where they are, especially the younger population, with help, we must make three-digit texting available for services designated as a three-digit service by the FCC. Both the National Suicide Prevention Lifeline and the 211 network currently provide many or all of the critical services for an effective suicide prevention system. Based on our extensive experience, we recommend the following:
  - Formalize the partnership between National Suicide Prevention Lifeline, United Way Worldwide, and the Alliance of Information and Referral Systems to create a wholistic, blended system supported by training and technology infrastructure.
  - Leverage the same technology that currently allows National Suicide Prevention Lifeline to offer both general and Veterans-specific hotline services to enable any caller to 211 to





"press 1" to reach a designated, trained specialist and enable any National Suicide Prevention Lifeline caller to be easily transferred to their local 211 for local resource needs. This can be done without creating new infrastructure but rather by improving and streamlining existing assets.

- The supportive services needed by callers to the National Suicide Prevention Lifeline can be easily accessed and navigated through the caller's local 211. In many cases, potential crises are mitigated by 211 because help with financial concerns or identifying low-cost local mental health resources can be provided before someone reaches a true mental health crisis. Additional resources can be invested to improve the usability and accessibility of those databases across agencies, including the creation of a national 211 database currently underway.
- Funding should be invested to improve a unified single point of access with a blended partnership of the National Suicide Prevention Lifeline and 211 with efficiencies in call center capacity and operations, routing, marketing and improved technology such as texting. In addition to making help more accessible to those in need, usage of one single point of access number can be tracked and measured better than can transfers between 211 and another N11 number.

As the President and CEO, and on behalf of the entire Board and staff of 2-1-1 Orange County, I am writing this letter to you today as we care deeply about suicide prevention, our veterans, and proper continuum of care for those we serve. We assure the FCC that by bringing the 211 network in as a trusted infrastructure partner we will move the country in a positive direction when addressing the mental health crisis and address the currently fractured network of centers who answer the call for suicide prevention.

Sincerely,

Karen Williams  
President & CEO